Form TC10B – ACM/MTS line check report

#### Details

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| --- | --- | --- | --- |
| Crew member name: |  | ARN: |  |
| Crew position: | Aircrew member | Medical transport specialist |  |
| Checker name: |  |  |  |
| Aircraft type: |  | Route(s): |  |

|  |  |
| --- | --- |
| Line check items | C / NYC / NA |
| Risk assessment and management |  |
| * Risk assessment considerations |  |
| * Ongoing risk management |  |
| Pre-flight |  |
| * Sign-on procedures |  |
| * Crew briefings |  |
| Ground handling, aircraft parking and public safety |  |
| * Aircraft positioning |  |
| * Arrival & departure procedures |  |
| Passenger handling |  |
| * Boarding |  |
| * Safety briefings and demonstrations |  |
| Line operations |  |
| * Crew communication & co-ordination |  |
| * Use of aircraft systems |  |
| * Use of aircraft equipment |  |
| Post-flight |  |
| * Documentation |  |
| * Sign-off procedures |  |

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| --- |
| Comments |
|  |

#### Result

Competent

Not yet competent

|  |  |  |  |
| --- | --- | --- | --- |
| **Crew member signature:** |  | **Date:** |  |
| **Checker signature:** |  | **Date:** |  |